

Name in Full

Certificate of Death

Albert Edward Acworth

Town *Wicomico* CountyDied at *Mardela*

MARYLAND

Date 189 *1902* Month *May* Day *8* Age *76* Y. M. D. Native of *Wicomico* Occupation *Louger*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Number of children living *None*

Husband of *Charlotte E. D. Acworth*Wife
Father's Name *Train Acworth*Mother's Name *Nancy Acworth*

Cause of Death { Primary Immediate *Consumption* 27
 How long sick *5 years*
~~Accident, Suicide, Homicide~~

Reported by *A. L. Sealbrease*Address *Mardela Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full

Certificate of Death

James Bishop
 Town _____ County _____
 Died at *Robertson Wisconsin* MARYLAND
 Date *1902* Month *May* Day *23* Y. *65* M. *-* D. *-* Native of *Quarties District* Occupation *Labourer*
 Male *White* Married *Widow* Divorced *None*
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *None*

Husband of *Biddy Bishop*
 Wife _____
 Father's Name *Don't know* Mother's Name *Don't know*

Cause of Death { Primary *Malaria Fever* How long sick _____
 Immediate _____ Accident, Suicide, Homicide _____

Reported by *Wm. H. H. Dashiell M. D.*

Address *Quarties Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Died at

MARYLAND

Date 1902

Male

Female

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Samuel Louise Bounds

Town

County

Died at

Mardela

Wicomico

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

9

Age

6

9

Wicomico

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

Lizzie E Bounds

How long sick

1 week

Accident, Suicide, Homicide

Reported by

A. L. Sealmore

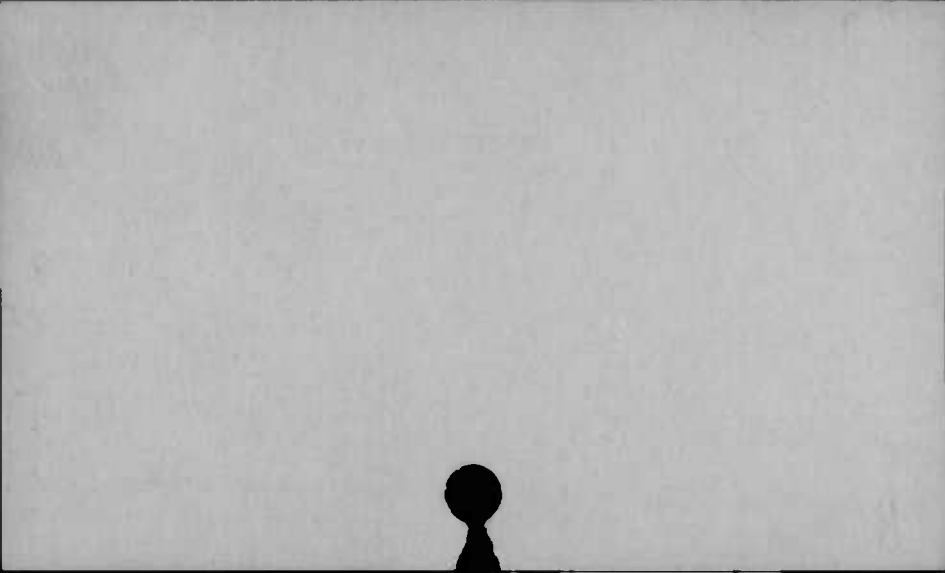
Address

Mardela

Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Mrs. Ella Disharoon

Died at Dalisbury Town Wisconsin County MARYLAND

Date 19 02 May 30 Month Day Y. M. D. Age 40 Native of Ill. Occupation Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 5

Husband of 93

Wife

Father's Name Thos. J. Hayman Mother's Name Hayman

Cause of Death { Primary Pleuro-Pneumonia with complications How long sick 2 weeks

Death { Immediate Heart Failure Accident, Suicide, Homicide

Reported by A. B. Disharoon

Address Dalisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Harcum

Town

County

Died at

Whayland

Wicomico

MARYLAND

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-4

Age

19 2

Md

Farming

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

B. E. Harcum

Mothar's

Maiden Name

Mary Harcum

Cause of

Primary

Rheumatism

How long sick

3 months

Death

Immediate

Heart Trouble

Accident, Suicida, Homicida

Reported by

E. A. Denson undertaker

Address

Whayland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Tannie Howard

Town

County

Died at

Salisbury

Wicomico

MARYLAND

Date 19

02

Month

Day

May 23

Age

Y.

M.

D.

61

Native of

Md

Occupation

Date 19

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jesse Howard

Don't know

Don't know

Cause of

Primary

Brain softening

Death

Immediate

How long sick

Last illness 2 weeks

Accident, Suicide, Homicide

Reported by

E. D. Humphreys, M.D.

Address

Salisbury

Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *Salisbury* ^{Town} *Wicomico* ^{County} *Jones* MARYLAND
 Date *1902* ^{Month} *May* ^{Day} *11th* ^{Y.} *17* ^{M.} *17* ^{D.} *17* ^{Native of} *Md.* ^{Occupation}
 Male *White* *Married* *Widow* *Divorced*
~~Female~~ *Colored* *Single* *Widower* *Number of children living*
 Husband of *Wife*
 Father's Name *Rev. A. Jones* Mother's Name *Martha Bailey*
 Cause of Death { *Primary* *Supposed to be cough whooping* *Accident, Suicide, Homicide*
Immediate
 Reported by *Rev. L. Hill Undertaker*
 Address *Salisbury Md.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor was called

I was informed by family

Geo. C. Hill

Died at

Date 19

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month Day

Y. M. D.

Native of

Occupation

Age

Married

Widow

Divorced

Number of children living

Female

White

Colored

Single

Single

Widower

MARYLAND

Salisbury Wisconsin May 10 1902 74 12 Md House w. 2

John Krentzer
 Father's Name Alsalam Shipp Maiden Name Susan Lawrence

Cause of Death { Primary Heart Disease
 Immediate Heart Disease 79
 How long sick Several Years?
 Accident, Suicide, Homicide

Reported by Geo. H. Todd

Address Salisbury Md



Ella Lowe

Town

County

Died at Quantico, Wicomico

MARYLAND

Date 1902 May 1

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Age 35

Quanticobrist Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of

Wife

Father's

Name

Lavin Lowe

Mother's

Name

Margaret Lowe

Cause of

Primary

How long sick

Death

Immediate

Typhoid Fever

Accident, Suicide, Homicide

Reported by

Wm H H Dushiee M.D.

Address

Quanticobrist

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Infant

Died at Fruitland ^{Town} wicomico ^{County} MARYLAND

Date 1902 May 25 ^{Month Day} Age — — 15 ^{Y. M. D.} wicomico ^{Native of} Infant ^{Occupation}

~~Male~~ ☒ White ~~Married~~ ☒ Widow ~~Divorced~~ ☒ Infant

~~Female~~ ☒ Colored ~~Single~~ ☒ Widower ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name W. S. Moon Jr. ^{Mother's} Maiden Name Louisa Newcomb

Cause of Death { Primary Prominent heart 151 ^{How long sick}

Death { Immediate Convulsions ^{Accident, Suicide, Homicide}

Reported by Louis W. Moon M.D.

Address Delaware Med.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Minus H. Parsons
 Died at *Parsonsbury* Town *Wicomico* County MARYLAND

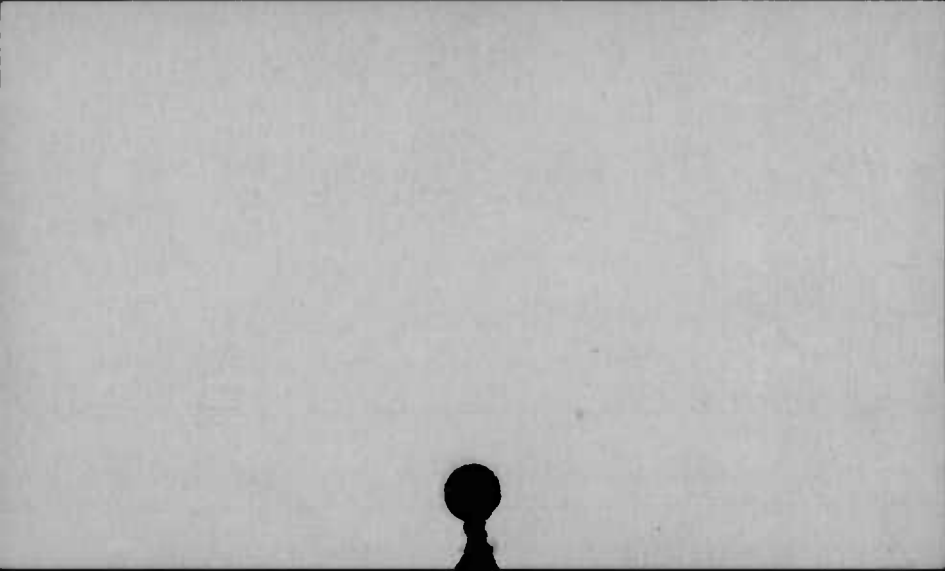
Date 189*7* Month *May* Day *11* Y. *71* M. *4* D. *1* Native of *Maryland* Occupation *Laborer*
 Male *White* Married *Widow* ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband of *Mary Parsons Hearn*
 Father's Name *Elisha C. Parsons* Mother's Name *Mary White*

Cause of Death { Primary *Consumption* Immediate *Exhaustion* How long sick *3 years*
 Accident, Suicide, Homicide

Reported by *Dr Geo. W. Smith*
 Address *Parsonsbury Wicomico Md*

Filed 190*7*
 Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister. LIBRARY BUREAU, 85088



Name In Full

Certificate of Death

Name In Full <i>William Perry</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>May</i>		Day <i>23</i>		Native of <i>Wicomico</i>	
Date 19 <i>02</i>		Age <i>35</i>		Occupation <i>Carpenter</i>			
Male		White		Married		Widow	
Female		Colored		Single		Divorced	
				Number of children living		<i>4</i>	
Husband of <i>Rosa Dickerson</i>							
Wife of <i>Richard Perry</i>		Mother's Name <i>Richard Perry</i>					
Cause of		Primary <i>Pneumonia</i>				How long sick <i>6 days</i>	
Death		Immediate <i>Heart failure</i>				Accident, Suicide, Homicide	
Reported by <i>Louise W. Morris M.D.</i>							
Address <i>Salisbury, Md.</i>							

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles Rayne

Town

County

Died at

Salisbury Wicomico Co.

MARYLAND

Date 1902

189

Month

Day

Y.

M.

D.

Native of

Occupation

May 22

Age 72

Md.

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

not living together

Mother's

Name

I Don't know

Cause of

Primary

Immediate

I don't know

some tropical trouble

How long sick

several months

Accident, Suicide, Homicide

Reported by

Address

Geo. C. Hill Undertaker
Salisbury Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968



Annice M. Roberts

Town

County

Died at *Mittlen**Micomico*

MARYLAND

Date 1902

Month 5 Day 3

Age 20

Y. M. D.

Native of

Occupation

Date 1902

Month 5 Day 3

Age 20

*Micomico**None*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 0

Husband of

Wife

Father's

Name

Levin H. Smith

Mother's

Maiden Name

Cause of

Primary

Pulmonary tuberculosis

How long sick

4 months

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

J. M. Dick

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary Quinch
 Town County

Died at *near Mountland Mericms*

MARYLAND

Date 1902 *May 25th* Month Day Y. M. D. Age *Mericms* Occupation *Housewife*
~~Male~~ ☒ White Married ☒ Widow Divorced ☒
 Female ☐ Colored ☐ Single ☒ Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

